

SURGERY OF MITRAL STENOSIS—Modern Surgical Monographs 4—Robert P. Glover, M.D., M.S. (Surg.), F.A.C.S., F.A.C.C., Director of Surgery and Chief of the Thoracic and Cardiovascular Surgical Service, Presbyterian Hospital; and Julio C. Davila, M.D., F.A.C.S., F.A.C.C., Research Director, Cardiovascular Research Laboratory, and Associate Thoracic Surgeon, Presbyterian. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, N.Y., 1961. 219 pages, \$9.50.

Dr. Glover's monograph embraces the field of mitral valve surgery from its birth in the late forties until the advent of open heart surgery. The historical background is reviewed and a detailed description is given of the anatomy and pathology of the mitral valve, this section being beautifully illustrated with line diagrams and very instructive photographs. A short section on the interpretation of hemodynamic changes in mitral stenosis followed by a comprehensive chapter on the selection of patients for surgery cover the clinical picture. Dr. Glover gives a detailed description of surgical technique favoring commissurotomy with either the finger or the knife. He found that 25 per cent of valves could be satisfactorily split with the finger alone and a further 25 per cent would respond to the knife only. The remaining 50 per cent required both finger and knife commissurotomy. The reviewer was surprised to see one page only devoted to the surgery of mitral insufficiency with scant reference to recent open heart procedures.

Many cardiac surgeons will not agree with his view that retrograde mitral valvotomy using a dilator is very rarely necessary. General experience is that only with the application of this highly efficient maneuver can a good commissurotomy be expected routinely, especially in recurrent cases. However, the long term results presented of the first 251 cases embracing all grades of severity which were operated on by Dr. Glover are good judged by any standards. The review of this group is between 7 and 11 years postoperatively. The operative mortality was 5.2 per cent and the late mortality 19.1 per cent. Of the surviving 75.7 per cent (189), 40 per cent (99), of the original 251 were in excellent health and 29 per cent (73) were improved. Thus in a total of 172, almost 70 per cent of the original 251, surgery conferred long-term benefit.

Dr. Glover does not favor head vessel occlusion during commissurotomy, believing that the risk of cerebral embolism is not minimized by this procedure and further concludes that this procedure is possibly hazardous. His own rate of 5 per cent (half of which were fatal) in his first 1,000 valvotomies is certainly as low as that attained by others practicing vessel occlusion.

Although this volume is rapidly becoming of mainly historic interest, it deserves a place in the cardiac library. It concerns the period of closed mitral surgery as seen by one of the pioneers, and it will take its place in the literature of this field.

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CARDIOVASCULAR SURGERY—A Manual for Nurses—By members of the Surgical Staff and Members of the Nursing Service Staff, The Methodist Hospital, Texas Medical Center, Houston. George H. Peddie, M.D., Surgical Staff, and Frances E. Brush, R.N., Director of Nursing, both of the Methodist Hospital, Houston, Texas, editors. G. P. Putnam's Sons, 210 Madison Ave., New York, 1961. 170 pages, \$2.75.

An attempt has been made in a book of 170 pages to present a comprehensive account of the physiology, pathology, diagnosis and treatment of congenital and acquired cardiovascular disorders, including chapters on anesthesia, preoperative and postoperative management.

There is considerable difficulty inherent in the preparation of such a volume. On the one hand pedantic and controversial discussion might lead to confusion and on the other,

over-simplification is unsuitable for personnel whose understanding of this subject is essential. The authors have successfully steered between these two extremes and have produced an attractively printed, well-illustrated handbook which should prove of benefit to the nurse in training and to the operating room staff.

Apart from a few inaccuracies such as, "the diastolic pressure represents the constant tone of the heart" (page 6), and the old chestnut, "division and ligation of the patent ductus" (page 28), and again, "the prothrombin time is less than 20 minutes" (page 49), a fair standard of accuracy is maintained. The sections which will prove most useful to those for whom the book is intended are those on preoperative and postoperative care, the section on tracheostomy deserving special mention. However, in this connection, the reviewer would prefer a supply of humidified air rather than a possibly dangerous moist sponge placed over the tracheostomy.

The next edition of this excellent little book would benefit from greater accent being placed on nursing management, leaving the study of basic physiology and pathology to more comprehensive manuals.

GERALD KEEN, M.S.

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ESSENTIAL PATHOLOGY—Roger D. Baker, M.D., Professor of Pathology, Duke University School of Medicine; Chief of Laboratory Service, Veterans Administration Hospital, Durham, North Carolina. The Williams & Wilkins Company, Baltimore 2, Maryland, 1961. 638 pages, \$9.50.

This book is considerably smaller than the usual textbook, yet it has relatively large type and is abundantly illustrated, so represents a pronounced condensation of material usually covered in textbooks of pathology. The presentation of "essentials" is, nevertheless, quite comprehensive. It has been achieved by omitting discussions of normal structure and function, and by minimizing discussions of published work, particularly if it represents controversial material. Instead there are references to general articles that expand upon the subjects of each chapter. The distribution of emphasis has been influenced by the relative importance of the various pathologic processes in medicine today. The result is a concise and conventional survey of disease based principally upon the appearance of lesions. It covers most types of morphologic change in disease and enumerates basic pathologic principles, so could serve well as a basis for a review of pathology.

ALVIN J. COX, M.D.

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A MIRROR UP TO MEDICINE—A. C. Corcoran, M.D. With a Preface by Allan Nevins. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pennsylvania, 1961. 506 pages, \$5.75.

This remarkable anthology, obviously the product of wide and thoughtful reading of world literature on the subject of doctors and of disease, covers a dazzling variety of writers from Hippocrates to Osler. The extracts are carefully selected and often prefaced by editorial comments which illuminate the subject in fascinating fashion. Beyond such a general statement the book is difficult to review, so wide and diffuse is the ground covered—one may note among the nonmedical writers who are quoted R. Bridges, Chaucer, Balzac, Thackeray, Dickens, Trollope, Sassoon, Pater and many others.

Turning the book over and over, one continually finds new things; it makes a marvelous bedside companion and surely will stimulate every thinking doctor.

ARTHUR L. BLOOMFIELD, M.D.